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July 14, 2022

**MEMO FOR ERIC KNEEDLER, U.S. CHARGÉ D'AFFAIRES TO KENYA**

**FROM:** S/GAC – Michael Ruffner, S/GAC Chair  
S/GAC – Christalyn Steers, PEPFAR Program Manager  
S/GAC – Michelle Selim, Interim PEPFAR Program Manager

**THROUGH:** S/GAC – Dr. Angeli Achrekar, S/GAC Principal Deputy Coordinator

**SUBJECT:** PEPFAR Kenya Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Kenya Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Kenya, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Kenya Country Operational Plan (COP) 2022 with a total approved budget of \$345,000,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
<b>TOTAL</b>	<b>337,416,361</b>	<b>7,583,639</b>	<b>345,000,000</b>
<b>Bilateral</b>	<b>337,416,361</b>	<b>7,583,639</b>	<b>345,000,000</b>

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$345,000,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

### **ARPA/ESF Funds**

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

### **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the June 21-23, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

### **Program Summary**

Funding and targets for Kenya's COP 2022 are approved to support PEPFAR Kenya's vision to in partnership with the Government and people of Kenya to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. COP 2022 will continue progress towards epidemic control during FY 2023 with a person-centered approach, across all ages and sexes, working toward the ultimate goal across the country that 1,349,976 are on life-saving treatment by the end of FY 2023. The program for COP 2022 seeks to enroll an additional 66,965 PLHIV on treatment and ensure viral load suppression in 1,273,865 patients.

The PEPFAR Kenya strategy for programming to be implemented during FY 2023 will focus on retaining PLHIV on ART and continuing to prevent new HIV infections through: (1) increasing the efficiency of HIV testing and high yielding testing modalities through better targeted HIV testing within health facilities and focused outreach into communities to identify people often left behind, including HIV positive men, AGYW, children, and key and priority populations; (2) concentrated efforts for the pediatric clinical cascade focusing on linkage to care and viral suppression; (3) Improving the Prevention of Mother to Child Transmission (PMTCT) focusing on targeted efforts to ensure timely identification for the remaining one-third of HIV positive PBFW during pregnancy or during breastfeeding; (4) Carrying out a long overdue integrated bio-behavioral survey (IBBS) which will help establish baseline estimates and measure impact of HIV programming among KP. In addition, COP22 will strengthen peer community outreach activities to identify new HIV infections and provide KP-competent, person-centered, non-discriminatory, ethical, comprehensive services in drop-in centers and health facilities; (5) Better linkage of the DREAMS program to OVC and will include improved service layering, with an emphasis on socio-economic outcomes; and (6) continued scale up of community-led monitoring.

PEPFAR Kenya will also continue working with the Government of Kenya (GOK) and the Global Fund on fulfilling agreed commitments for commodity procurements and continue to monitor the supply chain, mutual transparency in procurements, deliveries and distribution to prevent further stock-outs. COP 22 marks a more intentional effort to sustain the HIV gains. COP 22 will lay the groundwork for new investments in systems and capabilities to enable the GOK to take on more responsibility for the HIV response.

A few notable changes from COP21 to COP22 include a new focus beyond the health facilities to find remaining PLHIV and ensure that there are strong bi-directional linkages between communities and health facilities. The four population groups that have been considered are: children < 15 years, adolescent girls and young women (AGYW) as well as adolescent boys and young men (ABYM), adults above 25 years in the general populations, and key and priority populations. Furthermore, PEPFAR appreciates the efforts of GOK to introduce a Unique Patient Identifier (UPI) by using the National Identification Card for adults, and the birth certificate for children <18 years. The roll out of the UPI with an antiretroviral therapy (ART) census, will provide a validation of the actual number of people on ART and provide essential information for the quantification of ARVs, lab reagents and other essential commodities.

**Funding Summary**

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

	Total	of which, Bilateral New Funding										Applied Pipeline
		Total	FY 2022		GAP	FY 2021	FY 2020					
			GHP-State	GHP-USAD								
TOTAL	345,000,000	337,416,361	297,799,074	32,500,000	3,320,000	3,797,287	7,583,639					
DOD Total	16,420,345	15,219,689	15,219,689	-	-	-	1,200,656					
DOD	16,420,345	15,219,689	15,219,689	-	-	-	1,200,656					
HHS Total	137,852,348	131,840,801	128,520,801	3,320,000	-	-	6,011,547					
HHS/CDC	137,852,348	131,840,801	128,520,801	3,320,000	-	-	6,011,547					
P-C Total	190,000	75,058	75,058	-	-	-	114,942					
PC	190,000	75,058	75,058	-	-	-	114,942					
STATE Total	2,162,308	1,905,814	1,905,814	-	-	-	256,494					
State	416,706	416,706	416,706	-	-	-	-					
State/AF	1,745,602	1,489,108	1,489,108	-	-	-	256,494					
USAID Total	188,374,999	183,974,999	152,077,712	32,500,000	-	3,797,287	-					
USAID, non-WCF	115,520,859	115,520,859	83,020,859	32,500,000	-	-	-					
USAID/WCF	72,854,140	72,854,140	69,056,853	-	-	3,797,287	-					

\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

	Total	of which, Central New Funding										Applied Pipeline
		Total	FY 2022		GAP	FY 2021	FY 2020					
			GHP-State	GHP-USAD								
TOTAL	-	-	-	-	-	-	-					
DOD Total	-	-	-	-	-	-	-					
DOD	-	-	-	-	-	-	-					
HHS Total	-	-	-	-	-	-	-					
HHS/CDC	-	-	-	-	-	-	-					
P-C Total	-	-	-	-	-	-	-					
PC	-	-	-	-	-	-	-					
STATE Total	-	-	-	-	-	-	-					
State	-	-	-	-	-	-	-					
State/AF	-	-	-	-	-	-	-					
USAID Total	-	-	-	-	-	-	-					
USAID, non-WCF	-	-	-	-	-	-	-					
USAID/WCF	-	-	-	-	-	-	-					

\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

**GHP-State Funds:** Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

**Earmarks:** Kenya has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Kenya. Upon approval of this memo, the amounts below will become the new earmark controls for Kenya. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	198,171,031	195,951,889	-	2,219,142
Orphans and Vulnerable Children	53,983,078	53,983,078	-	-
Preventing and Responding to Gender-based Violence	6,494,600	6,494,600	-	-
Water	550,000	550,000	-	-

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				Applied Pipeline
	TOTAL	FY 2022	FY 2021	FY 2020	
TOTAL Sexual Prevention Programming	11,925,114	11,925,114	-	-	
Of which, AB/Y	3,600,547	3,600,547	-	-	
% AB/Y of TOTAL Sexual Prevention Programming	30.2%	30.2%	N/A	N/A	

*\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

### AB/Y Earmark Budget Justification

Kenya has a HIV prevalence of 4.3 percent. (2021 HIV Estimates). There are an estimated 1,447,647 (73,770 children and 1,373,877 Adults) people living with HIV (PLHIV). Of that number, 22 percent (325,313) are in need of antiretroviral treatment (ART). The national number of Individuals on ART for FY21 is 1,122,334 giving a coverage of 78 percent (66 percent children, 78 percent Adults). ART services are available at about 3800 health facilities nationwide. Kenya has recorded a 53% decline in new infections and 63% decline in AIDS related deaths over the past 10 years.

One of the most effective interventions for HIV prevention for adolescent boys and young men is voluntary male circumcision. The focus of the VMMC program will be targeting men 15+ in high HIV burden non-circumcising counties. In addition to VMMC, in DREAMS counties, OU will continue male sexual partner characterization focused on adolescent boys and young men, support HIV and violence prevention in schools, and support the approved primary HIV prevention interventions for 10–14-year-old boys and girls. In other Counties, key strategies will include referral to the OVC program for additional support; community mobilization and norms change; parenting/caregivers program to improve communication between men who are fathers and boys and young men; HTS; and referrals for clinical services including PrEP, VMMC, STI treatment, and ART for those who are HIV-infected. In the non-DREAMS counties, PEPFAR/Kenya will work with the national and county governments and other stakeholders to roll out the adolescents and young people package of services, leveraging PEPFAR core programs as feasible, and other sources of funding.

The OU PEPFAR budget is focused on a service delivery model. In order to close the remaining gaps and evolve to sustain impact, we have a budget of \$345,000,000 which is \$20,000,000 less than COP21. If PEPFAR/Kenya were to commit 50% of prevention interventions to AB/Y, the completion of this combined prevention would be challenged and the hope of attainment of epidemic control further rolled back. Yet, AB/Y is not neglected and is highly integrated through socioeconomic primary prevention interventions for OVC, adolescent girls and young women. Different models aiming at the same goal of reducing vulnerability of youth are effectively implemented through PEPFAR agencies. Case management and family support reinforce the competence acquired by youth during primary prevention sessions.

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## Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
<b>TOTAL</b>	<b>337,416,361</b>	<b>7,583,639</b>	<b>-</b>	<b>-</b>	<b>345,000,000</b>
<i>of which, Cervical Cancer</i>	<i>3,000,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>3,000,000</i>
<i>of which, Community-Led Monitoring</i>	<i>83,129</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>83,129</i>
<i>of which, Core Program</i>	<i>275,061,364</i>	<i>7,574,010</i>	<i>-</i>	<i>-</i>	<i>282,635,374</i>
<i>of which, DREAMS</i>	<i>40,037,862</i>	<i>9,629</i>	<i>-</i>	<i>-</i>	<i>40,047,491</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>14,984,006</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>14,984,006</i>
<i>of which, VMMC</i>	<i>4,250,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>4,250,000</i>
<b>DOD Total</b>	<b>15,219,689</b>	<b>1,200,656</b>	<b>-</b>	<b>-</b>	<b>16,420,345</b>
<i>of which, Cervical Cancer</i>	<i>125,537</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>125,537</i>
<i>of which, Core Program</i>	<i>13,277,309</i>	<i>1,200,656</i>	<i>-</i>	<i>-</i>	<i>14,477,965</i>
<i>of which, DREAMS</i>	<i>541,062</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>541,062</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>815,881</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>815,881</i>
<i>of which, VMMC</i>	<i>459,900</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>459,900</i>
<b>HHS Total</b>	<b>131,840,801</b>	<b>6,011,547</b>	<b>-</b>	<b>-</b>	<b>137,852,348</b>
<i>of which, Cervical Cancer</i>	<i>1,751,803</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,751,803</i>
<i>of which, Core Program</i>	<i>106,780,521</i>	<i>6,011,547</i>	<i>-</i>	<i>-</i>	<i>112,792,068</i>
<i>of which, DREAMS</i>	<i>19,971,136</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>19,971,136</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>767,342</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>767,342</i>
<i>of which, VMMC</i>	<i>2,569,999</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>2,569,999</i>
<b>PC Total</b>	<b>75,058</b>	<b>114,942</b>	<b>-</b>	<b>-</b>	<b>190,000</b>
<i>of which, Core Program</i>	<i>-</i>	<i>105,313</i>	<i>-</i>	<i>-</i>	<i>105,313</i>
<i>of which, DREAMS</i>	<i>75,058</i>	<i>9,629</i>	<i>-</i>	<i>-</i>	<i>84,687</i>
<b>STATE Total</b>	<b>1,905,814</b>	<b>256,494</b>	<b>-</b>	<b>-</b>	<b>2,162,308</b>
<i>of which, Community-Led Monitoring</i>	<i>83,129</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>83,129</i>
<i>of which, Core Program</i>	<i>1,822,685</i>	<i>256,494</i>	<i>-</i>	<i>-</i>	<i>2,079,179</i>
<b>USAID Total</b>	<b>188,374,999</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>188,374,999</b>
<i>of which, Cervical Cancer</i>	<i>1,122,660</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,122,660</i>
<i>of which, Core Program</i>	<i>153,180,849</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>153,180,849</i>
<i>of which, DREAMS</i>	<i>19,450,606</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>19,450,606</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>13,400,783</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>13,400,783</i>
<i>of which, VMMC</i>	<i>1,220,101</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,220,101</i>

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## FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

	Kenya	SNU Prioritizations			Total
		Scale-up: Saturation	Scale-up: Aggressive	Sustained	
	<15	1,709	837	505	3,055
TX_NEW	15+	36,044	18,616	9,114	63,910
	<b>Total</b>	<b>37,753</b>	<b>19,453</b>	<b>9,619</b>	<b>66,965</b>
	<15	40,119	20,313	8,440	68,985
TX_CURR	15+	731,413	404,099	142,257	1,280,991
	<b>Total</b>	<b>771,532</b>	<b>424,412</b>	<b>150,697</b>	<b>1,349,976</b>
	<15	37,908	19,189	7,942	65,139
TX_PVLS	15+	690,344	381,708	133,813	1,208,726
	<b>Total</b>	<b>728,252</b>	<b>400,897</b>	<b>141,755</b>	<b>1,273,865</b>
	<15	-	-	-	-
HTS_SELF	15+	603,593	327,576	164,284	1,115,453
	<b>Total</b>	<b>603,593</b>	<b>327,576</b>	<b>164,284</b>	<b>1,115,453</b>
	<15	57,595	26,907	13,759	98,439
HTS_TST	15+	2,249,466	1,151,027	695,087	4,104,534
	<b>Total</b>	<b>2,307,061</b>	<b>1,177,934</b>	<b>708,846</b>	<b>4,202,973</b>
	<15	2,010	954	523	3,491
HTS_TST_POS	15+	52,405	26,669	12,721	91,938
	<b>Total</b>	<b>54,415</b>	<b>27,623</b>	<b>13,244</b>	<b>95,429</b>
HTS_RECENT	<b>Total</b>	<b>47,353</b>	<b>24,129</b>	<b>11,562</b>	<b>83,177</b>
	<15	1,208	523	573	2,307
PMTCT_STAT	15+	511,804	289,016	209,633	1,012,357
	<b>Total</b>	<b>513,012</b>	<b>289,539</b>	<b>210,206</b>	<b>1,014,664</b>
	<15	27	5	3	35
PMTCT_STAT_POS	15+	32,568	14,950	5,595	53,165
	<b>Total</b>	<b>32,595</b>	<b>14,955</b>	<b>5,598</b>	<b>53,200</b>
	<15	27	5	3	35
PMTCT_ART	15+	32,210	14,765	5,505	52,532
	<b>Total</b>	<b>32,237</b>	<b>14,770</b>	<b>5,508</b>	<b>52,567</b>
PMTCT_EID	<b>Total</b>	<b>31,874</b>	<b>14,723</b>	<b>5,705</b>	<b>52,354</b>
	<15	2,274	1,320	1,234	4,834
TB_STAT	15+	31,922	21,507	13,818	67,432
	<b>Total</b>	<b>34,196</b>	<b>22,827</b>	<b>15,052</b>	<b>72,266</b>
	<15	295	165	156	616
TB_ART	15+	8,583	5,229	3,297	17,163
	<b>Total</b>	<b>8,878</b>	<b>5,394</b>	<b>3,453</b>	<b>17,779</b>
	<15	1,557	730	475	2,765
TB_PREV	15+	39,572	21,827	10,325	71,724
	<b>Total</b>	<b>41,129</b>	<b>22,557</b>	<b>10,800</b>	<b>74,489</b>
	<15	40,537	20,531	8,558	69,737
TX_TB	15+	735,627	406,415	143,102	1,288,345
	<b>Total</b>	<b>776,164</b>	<b>426,946</b>	<b>151,660</b>	<b>1,358,082</b>
VMMC_CIRC	<b>Total</b>	<b>25,443</b>	<b>12,501</b>	<b>16,206</b>	<b>55,000</b>
KP_PREV	<b>Total</b>	<b>178,377</b>	<b>127,692</b>	<b>38,723</b>	<b>344,792</b>
KP_MAT	<b>Total</b>	<b>6,149</b>	<b>1,787</b>	-	<b>7,936</b>
PrEP_NEW	<b>Total</b>	<b>54,177</b>	<b>35,435</b>	<b>15,324</b>	<b>105,020</b>
PrEP_CT	<b>Total</b>	<b>75,855</b>	<b>49,610</b>	<b>21,465</b>	<b>147,045</b>
CXCA_SCRN	<b>Total</b>	<b>175,867</b>	<b>94,291</b>	<b>32,704</b>	<b>303,496</b>
	<15	106,118	29,260	-	135,378
PP_PREV	15+	246,361	61,114	4,220	373,471
	<b>Total</b>	<b>352,479</b>	<b>90,374</b>	<b>4,220</b>	<b>508,849</b>
	<18	343,157	147,487	25,784	516,572
OVC_SERV	18+	3,282	1,787	408	5,479
	<b>Total</b>	<b>346,439</b>	<b>149,274</b>	<b>26,192</b>	<b>522,051</b>
OVC_HIVSTAT	<b>Total</b>	<b>173,474</b>	<b>94,478</b>	<b>22,096</b>	<b>290,192</b>
GEND_GBV	<b>Total</b>	<b>214,855</b>	<b>91,184</b>	<b>26,951</b>	<b>332,990</b>
AGYW_PREV	<b>Total</b>	<b>192,666</b>	<b>57,538</b>	-	<b>250,204</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above



**Partner Management and Stakeholder Engagement:**

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Kenya's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area															
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	326,939,000	100%	26,550,265	7%	193,138,328	59%	17,748,636	5%	71,341,000	22%	28,054,611	8%	15,043,611	5%	0%
DOD	18,399,531	5%	1,146,073	6%	7,903,544	43%	838,703	5%	5,478,082	30%	2,217,248	12%	815,881	4%	0%
HHS	155,531,037	41%	13,791,440	9%	72,970,853	47%	9,266,207	6%	27,043,851	17%	16,010,548	10%	16,446,138	11%	0%
PC	190,000	0%	-	0%	-	0%	-	0%	170,000	89%	20,000	11%	-	0%	0%
STATE	3,362,308	1%	-	0%	1,200,000	36%	-	0%	2,062,308	61%	50,000	1%	50,000	1%	0%
USAD	205,456,124	54%	11,623,273	6%	111,063,931	54%	7,668,704	4%	36,809,799	18%	10,560,817	5%	27,729,600	13%	0%

COP 22 Budget by Funding Agency and Program Area															
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	345,000,000	100%	20,838,337	6%	160,540,161	47%	26,353,216	8%	53,127,636	19%	31,242,755	9%	39,074,163	12%	0%
DOD	16,420,345	5%	672,097	4%	6,461,317	39%	1,124,986	7%	5,233,781	34%	1,822,343	11%	815,881	5%	0%
HHS	137,852,348	40%	12,538,467	9%	62,254,163	45%	7,446,453	5%	24,775,973	18%	14,950,977	11%	15,886,315	12%	0%
PC	190,000	0%	-	0%	-	0%	-	0%	142,000	75%	48,000	25%	-	0%	0%
STATE	2,162,308	1%	-	0%	83,129	4%	-	0%	1,979,179	92%	50,000	2%	50,000	2%	0%
USAD	188,374,999	55%	7,628,033	4%	91,761,552	49%	17,784,777	9%	32,951,836	17%	15,034,435	8%	23,214,366	12%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area														
Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified
Total	(17,979,186)	(6,727,249)	-21%	(12,578,167)	-17%	(3,834,002)	-21%	(6,314,771)	-9%	(1,047,142)	-11%	(5,077,052)	-31%	-
DOD	(1,979,186)	(474,036)	-41%	(1,442,227)	-18%	286,283	34%	45,699	1%	(694,205)	-18%	-	0%	-
HHS	(17,678,689)	(1,252,973)	-9%	(10,716,690)	-15%	(1,819,154)	-20%	(2,267,878)	-8%	(1,059,571)	-7%	(561,823)	-3%	-
PC	(1,200,000)	-	-	(1,116,871)	-93%	-	-	(83,129)	-4%	28,000	140%	-	0%	-
USAD	(17,081,125)	(3,995,240)	-34%	(19,302,379)	-17%	10,116,073	132%	(3,857,963)	-10%	4,473,618	42%	(4,515,234)	-16%	-